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LEGAL LIABILITY OF WATER COMPANY.

DAMAGES RECOVERABLE WHEN WATER SUPPLIED IS DANGEROUSLY CONTAMINATED.

The Supreme Court of the State of New Jersey has decided that a water company supplying water for domestic purposes is bound to exercise reasonable care to see that the water is wholesome and safe.

In Jones *v*. Mount Holly Water Co. (see page 2669 of this issue of the Public Health Reports) the plaintiff was a customer of the water company. Three of his children became ill, and he sued the company for damages, alleging that the illness was caused by contamination of the water with fecal matter. He secured a verdict for $750 in the lower court, and the supreme court sustained the verdict.

The court held that the evidence was sufficient to justify the jury in finding that the illness of the children resulted from the contamination of the water and that the company had been guilty of negligence in supplying water which was unsafe for drinking purposes.

Judge Kalisch, in the opinion, said:

> It must be borne in mind that the defendant company was in the water-supply business for profit. The plaintiff had paid for the supply which he was to receive, in advance. Hence it became the duty of the defendant company to give to the plaintiff water fit for domestic purposes, including fitness for drinking. Water is a necessity of life, and one who undertakes to trade in it and supply customers stands in no different position to those with whom he deals than does a dealer in foodstuffs. He is bound to use reasonable care that whatever is supplied for food or drink shall be ordinarily and reasonably pure and wholesome.
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> Actual notice or knowledge of the unwholesomeness of the water was not an essential element to be proven in order to establish the defendant's liability. It was sufficient if there was testimony tending to show that the defendant, in the exercise of reasonable care, might have discovered the unwholesomeness and dangerous condition of the water.

THE QUARANTINE SITUATION.

A GENERAL REVIEW OF THE SUBJECT AS AFFECTED BY THE WORLD PREVALENCE OF CHOLERA, YELLOW FEVER, PLAGUE, AND TYPHUS FEVER.

By L. E. COFER, Assistant Surgeon General, United States Public Health Service.

When a quarantine officer inspects an arriving vessel his judgment of its sanitary status must be based upon two sets of conditions; first, conditions apparent at the time of inspection and second, the sanitary history of the port or ports of departure.

Under the first heading would naturally come (*a*) the presence of quarantinable disease on board at the time of inspection; (*b*) during the voyage; (*c*) prior to departure from the foreign port; (*d*) the sanitary condition of the vessel; (*e*) the kind of cargo carried.

Under the second heading would come (*a*) the previous sanitary condition of the foreign port or ports and vicinity; (*b*) the recent sanitary history of the foreign port or ports and vicinity; (*c*) the measures carried out at the port of departure; (*d*) the type and nationality of the vessel.

It is not the purpose in this short review to discuss the relative importance of the above-mentioned factors in determining a vessel's sanitary status more than to say that there is no one factor as improtant as a knowledge of the sanitary history of the ports from which vessels have taken on cargo and passengers for United States ports. On this account the United States Public Health Service is endeavoring in every way possible to develop its system for the gathering of information in regard to health conditions in foreign ports, in order that no needless restrictions shall be imposed upon vessels, and, on the other hand, that active measures may be taken when necessary. Perhaps no review of world conditions affecting the diseases mentioned in the title would be complete without comparison with conditions prevailing in the year before that now to be discussed.

Cholera.

During the fiscal year ended June 30, 1914, cholera was present in Austria-Hungary, Ceylon, China, Dutch East Indies, Egypt, India, Philippine Islands, Russia, Siam, the Straits Settlements, Turkey in Asia, and Turkey in Europe.

With the exception of Turkey in Asia and Turkey in Europe, cholera was reported in the countries named above during the fiscal year ended June 30, 1915, and in addition to this, in the Balkan territory, Borneo, Germany, and Indo-China. It is interesting to note that while cholera was reported in eight places in Russia for the six months ending December 25, 1914, during the succeeding six months it was reported in only one place in that country, Petrograd, at which place cholera had not been reported during the previous six months. This fact illustrates the unreliability of reports from those ports of Europe affected by present conditions. However, with the amount of cholera reported in Russia during the six months ended December 25, 1914, and the absence of reports from that country, save from Petrograd, during the six months following, we may conclude that the disease was more or less widely prevalent, on account of the fact that during the six months ending June 25, 1915, cholera was reported to be present in prison camps in Germany, in 23 localities in Silesia, and in

Brandenburg, Posen, and Zirka in Germany, all of which cases are probably traceable to the seat of war in the East.

The new infection in the Balkan territory has probably originated from the constant infection of Austria-Hungary, or reverse infection from Turkey, where cholera was reported prevalent during the fiscal years 1914 and 1915.

The cholera infection in the Balkan territory, as might have been expected, has been carried into Italy, the disease having been reported recently in and near Venice and Leghorn.

For the present, in any event, quarantine officers must watch travel from the Greek, Italian, and Holland ports with a view to the detection of either active cases of cholera, or, what is still more important, the detection of cholera carriers.

Yellow Fever.

During the fiscal year ended June 30, 1914, yellow fever was present in the following-named countries: Brazil, Ecuador, Mexico, South Nigeria, Trinidad, and Venezuela. During the fiscal year ended June 30, 1915, the disease prevailed in the above-mentioned countries with the following exceptions: Its disappearance from South Nigeria and Trinidad and its appearance in French Guiana. South America, as usual, appears to have furnished the largest number of cases of yellow fever.

The presence of the disease in Merida, Yucatan, has been of special concern to the Public Health Service, on account of the constant intercourse between Mexican ports and southern ports of the United States. Owing to disturbed conditions in Mexico, the populations of the coastal towns have greatly increased on account of the influx of refugees, and the possibility of yellow fever occuring in epidemic form is constantly present. On this account the representatives of the Service stationed in the offices of the American consuls in the various Mexican ports have proven of the greatest public health, as well as financial, advantage.

In addition to the presence of these officers in the Mexican ports during the summer quarantine season, a medical officer, expert in the diagnosis of yellow fever, personally visited all of the Mexican ports and a considerable part of the contiguous country, and upon his reports of actual conditions the quarantine requirements have been regulated and adjusted. Apparently the unprecedented lack of rain, with its effect upon mosquito propagation, has had much to do with the freedom of the Mexican ports in general from yellow fever.

The disease has persisted as usual at Guayaquil, Ecuador, and was present during the middle of the last fiscal year in Maracaibo and La Guayra, Venezuela.

Plague.

History in regard to plague has repeated itself to a great extent, at least so far as the various maritime countries are concerned. There have been no unusual outbreaks of the disease, and in most instances, according to reports, the infection has been found in rats and has not affected man to any considerable extent. During the fiscal year ended June 30, 1914, plague was present in the following-named countries: Brazil, British East Africa, Ceylon, Chile, China, Cuba, Dutch East Indies, Ecuador, Egypt, German East Africa, Great Britain, Greece, Hawaii, India, Indo-China, Italy, Japan, Mauritius, Peru, Philippine Islands, Portugal, Russia, Senegal, Siam, Straits Settlements, Tripoli, Turkey in Asia, and Zanzibar.

This disease prevailed in all of the above-named countries in the fiscal year 1915 with the exception of British East Africa, German East Africa, Italy, Senegal, and Tripoli.

From the standpoint of the quarantine officer the presence of the disease in certain ports in close proximity to United States ports is deserving of constant attention. For example, plague has appeared in Terceira, Azores, from which point immigrants depart regularly for United States ports, via St. Michaels and Fayal. The disease has persisted in Cuba, in the cities of Habana and Santiago, and cases have been reported at Pinar del Rio and Guanabacoa. While there were 9 cases of plague in Liverpool between August 8 and August 12, 1914, no cases of the disease were reported during the six months preceding the end of the last fiscal year, until August 27, when 3 plague-infected rats were found in that port. It is reported that some measures are being carried out for rat eradication, followed by bacteriological examination. The disease is reported present in various localities in Greece, chiefly Piræus and Saloniki. In Turkey the presence of the disease at such places as Bagdad, Smyrna, Jaffa, and Beirut is of importance. Likewise is its presence at Alexandria and Port Said. As usual, the disease persisted in various Chinese ports during the year, among the most important cities affected being Amoy, Canton, Changchow, Chinchew, Fatshan, Hongkong, and Shanghai. The same may be said of the disease in India, the principal cities affected being Bombay, Calcutta, and Rangoon.

Of special importance to quarantine officers is the knowledge that the disease persists in South America, especially in the ports of Bahia, Pernambuco, and Rio de Janeiro, and in the inspection of vessels, even from clean ports, it is important that consideration be given to the connection which vessels might have with ports known to be infected. While the number of cases in Peru has not been great in any one locality, the disease was present in Callao, Lima, Arequipa, Ancachs, and La Libertad.

So far the effect of conditions in Europe on the transmission of plague has not been marked.

Typhus Fever.

During the year this disease has appeared in the reports from Europe much more frequently than usual, and as a result it has been discovered in arriving immigrants and in those who have recently arrived. Cases have been reported in various cities and localities in the United States in persons who have associated with other persons recently arrived from Europe, and in some instances had apparently not associated with the latter. It is believed that were it possible to trace the infection in these cases, they would be found to be due to contact with unrecognized cases of typhus originating in some European country.

The disease has existed during the past year in Austria-Hungary in the cities of Vienna, Budapest, and Fiume, and also in certain localities in Bosnia-Herzegovina and Croatia-Slavonia. During the year in Austria-Hungary alone 5,589 cases were reported, and it is probable that there were many thousands of cases of the diseases either unrecognized or unreported.

The presence of the disease in Austria-Hungary would account for its introduction into Germany, where amongst the German soldiers and prisoners of war 240 cases occurred between February 14 and May 8, 1915. In addition to these, cases were reported at Frankfort on the Main, Konigsberg, and Lubeck.

For quarantine purposes the presence of the disease in Greece and Italy has caused special orders to be issued for the observance of care in the inspection of persons likely to have originated in the infected districts. Among the important cities of Greece in which typhus fever is present are Athens and Saloniki, and in Italy it was reported in Florence, Venice, and Turin.

In January, 1915, an epidemic of typhus occurred in Serbia, and at one time there were estimated to be between 500 and 1,000 deaths daily from the disease. Reports of its virulence and the fact that a number of physicians and nurses contracted the disease caused much comment in the daily press. The epidemic, however, has long since diminished, and the disease has apparently been under control during the last two or three months.

Reports as to the prevalence of typhus fever have come from Madrid and Tarragona in Spain, Zurich and St. Gall in Switzerland, and Moscow, Odessa, Petrograd, and Warsaw in Russia.

The bureau has notified all Public Health Service officers engaged in quarantine and immigration duty, as far back as last March, to be on the lookout for passengers arriving from Greek and Italian ports who might be the means of bringing the disease into this country. A number of measures were instituted both at foreign ports and United States ports for the fumigation of baggage originating in Serbia and Greece, for the purpose of destroying vermin contained therein.

In addition to this, it should be stated that the force of service representatives, guards, etc., along the Mexico-Texas border has been increased on account of the prevalence of typhus fever at many places in Mexico and the danger of its introduction into Texas through refugees constantly crossing the border.

On the whole, it is thought that the quarantine situation to-day demands more careful attention from everyone concerned than it demanded in the past, so far as cholera, typhus fever, and plague are concerned; and with the cessation of hostilities in Europe there is every indication that the work and responsibilities of the quarantine system of the Public Health Service will be increased to an immeasurable degree. In the meantime it will be only by constant study of the information at hand regarding the world prevalence and geographic distribution of these diseases and the sanitary conditions in the countries of Europe that such deductions can be drawn as to the probable avenues of infection of this country as will guide quarantine officers at the ports of entry in the detection of the quarantinable diseases, even in the relatively few immigrants who are coming in daily by steamers from a number of different ports and who are capable of introducing infection.

THE NOTIFIABLE DISEASES.

REPORTED PREVALENCE DURING 1914 BY STATES.

DENGUE, DIPHTHERIA, GONORRHEA, LEPROSY, MALARIA, MEASLES, EPIDEMIC CEREBROSPINAL MENINGITIS, POLIOMYELITIS, RABIES, ROCKY MOUNTAIN SPOTTED FEVER, SCARLET FEVER, SEPTIC SORE THROAT, SMALLPOX, SYPHILIS, TUBERCULOSIS, TYPHOID FEVER, AND TYPHUS FEVER—CASES REPORTED, INDICATED CASE RATES PER 1,000 POPULATION, AND INDICATED FATALITY RATES PER 100 CASES.

The data from which the following tables have been compiled were obtained from the health departments of the respective States. It is believed that all of the health departments which are making a serious effort to obtain information of the occurrence of preventable diseases within their respective jurisdictions have furnished the data contained in their records. As regards the States not reporting, either the records of the prevalence of communicable diseases were too incomplete to be useful or the data were not in available form.